

**APPLICATION DATA SHEET**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	No
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	System for Identifying, Displaying, Marking, and Treating Suspect Regions of Tissue
Attorney Docket Number::	MDS-037
Request for Early Publication?::	No
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Ross
Middle Name::	F.
Family Name::	Flewelling
Name Suffix::	

City of Residence:: Chelmsford  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 1 Eagle Cliff Road  
City of Mailing Address:: Chelmsford  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01824

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: E.  
Family Name:: Griffin  
Name Suffix::  
City of Residence:: West Groton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: P.O. Box 284  
City of Mailing Address:: West Groton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01472

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Chunsheng  
Middle Name::  
Family Name:: Jiang

Name Suffix::  
City of Residence:: Reading  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 28 Benton Circle  
City of Mailing Address:: Reading  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01867

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France/USA  
Status:: Full Capacity  
Given Name:: Jean-Pierre  
Middle Name::  
Family Name:: Schott  
Name Suffix::  
City of Residence:: Weston  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 8 Greenridge Road  
City of Mailing Address:: Weston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02493

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Kevin  
Middle Name:: T.  
Family Name:: Schomacker

Name Suffix::

City of Residence:: Maynard

State or Province of Residence:: MA

Country of Residence:: USA

Street of Mailing Address:: 6 George Road

City of Mailing Address:: Maynard

State or Province of Mailing Address:: MA

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 01754

### **Correspondence Information**

Correspondence Customer Number:: 051414

### **Representative Information**

Representative Customer Number:: 051414

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2004/011820	04/16/04
PCT/US2004/011820	Claims priority to	10/418,902	04/18/03
PCT/US2004/011820	Claims priority to	60/560,384	04/07/04
This application	Claims priority to	10/418,902	04/18/03
This application	An application claiming the benefit under 35 USC 119(e)	60/560,384	04/07/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: MediSpectra, Inc.  
City of Mailing Address:: Lexington  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA